

PATENT APPLICATION

**DECLARATION AND POWER OF ATTORNEY
FOR PATENT APPLICATION**

ATTORNEY DOCKET NO. QMT-2R

As a below named inventor, I hereby declare that:

My residence/post office address and citizenship are as stated below next to my name;

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

COSMETIC COMPOSITION AND METHOD

the specification of which is attached hereto unless the following box is checked:

() was filed on _____ as US Application Serial No. or PCT International Application
Number _____ and was amended on _____ (if applicable).

I hereby state that I have reviewed and understood the contents of the above-identified specification, including the claims, as amended by any amendment(s) referred to above. I acknowledge the duty to disclose all information which is material to patentability as defined in 37 CFR 1.56.

Foreign Application(s) and/or Claim of Foreign Priority

I hereby claim foreign priority benefits under Title 35, United States Code Section 119 of any foreign application(s) for patent or inventor(s) certificate listed below and have also identified below any foreign application for patent or inventor(s) certificate having a filing date before that of the application on which priority is claimed:

COUNTRY	APPLICATION NUMBER	DATE FILED	PRIORITY CLAIMED UNDER 35 U.S.C. 119
			YES:____ NO:____
			YES:____ NO:____

Provisional Application

I hereby claim the benefit under Title 35, United States Code Section 119(e) of any United States provisional application(s) listed below:

APPLICATION SERIAL NUMBER	FILING DATE
60/215,087	6/29/2000

U.S. Priority Claim

I hereby claim the benefit under Title 35, United States Code, Section 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code Section 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, Section 1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

APPLICATION SERIAL NUMBER	FILING DATE	STATUS(patented/pending/abandoned)

POWER OF ATTORNEY:

As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) listed below to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

Timothy H. Van Dyke, Reg. No. 43218

Send Correspondence to:

Timothy H. Van Dyke
Bence & Van Dyke, P.A.
1630 Hillcrest Street
Orlando, Florida 32803

Direct Telephone Calls To:

Timothy H. Van Dyke
407-228-0328

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full Name of Inventor: David S. Lerner

Citizenship: USA

Residence: 401 NE 25th Terrace, Boca Raton, Florida 33431

Post Office Address: Same

Inventor's Signature

Date

Oct 22 01 04:26p DE OF OB GYN

352 26994

P. 1

SENT BY: VAN DYKE & ASSOCIATES, P.A.; 407 228 0329;

OCT-22-01 2:56PM;

PAGE 3/3

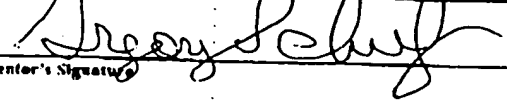
BEST AVAILABLE COPY

**DECLARATION AND POWER OF ATTORNEY
FOR PATENT APPLICATION (Continued)**

Full Name of Inventor: Gregory Schultz Citizenship: USA

Residence: 1600 SW Archer Road, Gainesville, FL 32610-0794

Post Office Address: Same

Inventor's Signature:  Date: Oct 22-2001

Full Name of Inventor: _____ Citizenship: _____

Residence: _____

Post Office Address: _____

Inventor's Signature: _____ Date: _____

Full Name of Inventor: _____ Citizenship: _____

Residence: _____

Post Office Address: _____

Inventor's Signature: _____ Date: _____

Full Name of Inventor: _____ Citizenship: _____

Residence: _____

Post Office Address: _____

Inventor's Signature: _____ Date: _____

Full Name of Inventor: _____ Citizenship: _____

Residence: _____

Post Office Address: _____

Inventor's Signature: _____ Date: _____

Full Name of Inventor: _____ Citizenship: _____

Residence: _____

Post Office Address: _____

Inventor's Signature: _____ Date: _____

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**REVOCAION OF POWER OF ATTORNEY AND APPOINTMENT OF NEW
POWER OF ATTORNEY**

APPLICATION NO.: 09/896,566
DOCKET NO.: QMT-2R US
INVENTOR: Lerner & Schultz
FILED: 06/29/2001
TITLE: COSMETIC COMPOSITION AND METHOD

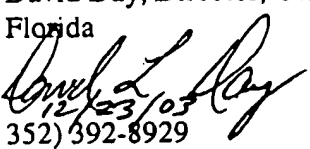
ART UNIT: 1616
EXAMINER: Lamm, Marina

I hereby revoke all previous powers of attorney given in the above-identified application and hereby appoint as attorney/agent of record for this case, with whom all future correspondence in this case is to be had, for purposes of prosecution of this application, all continuations, divisions, reissues or foreign equivalents or derivatives thereof:

Gerard H. Bencen
Patent Arts
201 SE 2nd Avenue, Suite 114
Gainesville, Florida 32601
Phone: 352-372-5155
Fax: 352-372-5576
Email: gerard@patentarts.net

I am OR I am an authorized employee of the: Applicant/Inventor/Assignee of record

Signature of Applicant or Assignee of Record:

Name: David Day, Director, Office of Technology Licensing, University of
Florida
Signature: 
Date: 12/23/03
Telephone: 352) 392-8929

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE
REVOCATION OF POWER OF ATTORNEY AND APPOINTMENT OF NEW
POWER OF ATTORNEY

APPLICATION NO.: 09/896,566
DOCKET NO.: QMT-2R US
INVENTOR: Lerner & Schultz
FILED: 06/29/2001
TITLE: COSMETIC COMPOSITION AND METHOD

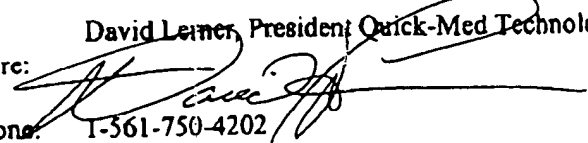
ART UNIT: 1616
EXAMINER: Lamm, Marina

I hereby revoke all previous powers of attorney given in the above-identified application and hereby appoint as attorney/agent of record for this case, with whom all future correspondence in this case is to be had, for purposes of prosecution of this application, all continuations, divisions, reissues or foreign equivalents or derivatives thereof:

Gerard H. Bencen
201 SE 2nd Avenue, Suite 114
Gainesville, Florida 32601
Phone: 352-372-5155
Fax: 352-372-5576
Email: gbencen@bellsouth.net

I am OR I am an authorized employee of the: Applicant/Inventor/Assignee of record

Signature of Applicant or Assignee of Record:

Name: David Lerner, President Quick-Med Technologies, Inc.
Signature: 
Date: _____
Telephone: 1-561-750-4202